SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 3641 OF 6135
☐ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16	☒ 17

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NAME OF COMMITTEE (In Full)

> Fair Fight

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Friedman, Lora, , ,

Mailing Address 77 Briarcliff Dr S

City	State	Zip Code
Ossining	NY	10562-2301

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual)	Occupation (for Individual)
Montefiore Health System	Communications Specialist

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
12 / 03 / 2020
Transaction ID : VR060ZXP351

Amount of Each Receipt this Period
250.00

☐ Memo Item

Non-Contribution Account

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Friedman, Marjorie, , ,

Mailing Address 680 Laurel Dr
Ste 200

City	State	Zip Code
Sacramento	CA	95864-5665

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual)	Occupation (for Individual)
UC Davis	Professor

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 11 / 2020
Transaction ID : VR060106D6Y3

Amount of Each Receipt this Period
500.00

☐ Memo Item

Non-Contribution Account

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Friedman, Robert, , ,

Mailing Address 638 Crescent Ave

City	State	Zip Code
San Mateo	CA	94402-1018

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual)	Occupation (for Individual)
CFED	General Counsel

Receipt For:
☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼
2100.00

Date of Receipt
12 / 07 / 2020
Transaction ID : VR060100X2H4

Amount of Each Receipt this Period
1000.00

☐ Memo Item

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).. ▶
1750.00

TOTAL This Period (last page this line number only)............................ ▶